

City of Augusta Planning & Development  
 PO Box 9270, Augusta, GA 30916-9270  
 Phone: 706-312-5050  
 FAX # 706-312-4277 or 706-312-5037

# BUSINESS TAX RETURN

CITY OF AUGUSTA BUSINESS TAX DIVISION  
 Year **2016**

**Report Change in Location/Mailing Address Promptly to Business Tax Division**

**Please Type or Print with Ball Point Pen**

Complete all spaces as they relate to County Activity				Month	Day	Year	<b>FOR BUSINESS LICENSE OFFICE USE ONLY</b>			Interviewed By:
							Zoning	Map & Parcel		
							Account #	Tax Class	SIC Code	<b># of Decals</b>
Circle One Renewal Amended New Final Started New Business Sold or Closed Business				Date			<b>YEARLY TOTAL GROSS RECEIPTS (EVEN DOLLARS)</b> \$ _____ Professionals and certain practitioners have the option of paying \$400 per practitioner in lieu of reporting gross receipts. Check with the Business Tax Office to determine eligibility for this option.			<b># of Employees:</b>
<b>Business Name</b>				<b>Business Location – Street Address (Not P.O. Box)</b>			<b>City, State</b>			<b>Zip Code</b>
<b>Mailing Information Name</b>				<b>Mailing Address – Street or P.O. Box</b>			<b>City, State</b>			<b>Zip Code</b>
Previous Business Name and Location		Name		Street – Not P.O. Box			City, State			Zip Code
Circle One Partnership Sole Ownership Corporation		Principal Office, Corporate Name		Street or P.O. Box			City, State			Zip Code
Officer, Agent or Attorney for Service of Business Affairs in County		Name		Street or P.O. Box			City, State			Zip Code
<b>Name of Owner(s) &amp; Residence Address</b>		<b>Name</b>		<b>Street or P.O. Box</b>			<b>City, State</b>			<b>Zip Code</b>
		<b>SSN (Last 4 digits)</b>								
<b>Officer Title</b>		Name		Street or P.O. Box			City, State			Zip Code
		SSN								
<b>EMERGENCY CONTACT</b>		<b>NAME</b>		<b>CELL PHONE</b> ( ) -			<b>HOME PHONE</b> ( ) -			
<b>LOCAL CONTACT</b>		<b>NAME</b>		<b>CELL PHONE</b> ( ) -			<b>HOME PHONE</b> ( ) -			
CERTIFICATION: The information herein as required by City of Augusta Code Part II, Chapter 8, Section 6-27.1 I, _____ (Title) _____ of the business firm named, do hereby register to operate said business with dominant business activity of (explain type of business) _____ _____ Phone: (Bus) ( ) - (Res) ( ) - State ID Number _____ Federal ID Number _____										
<b>E-mail Address</b> _____ In accord with the Business Ordinance of City of Augusta, I, the undersigned, certify that I am the person duly authorized by the business herein named to file this return, including the accompanying schedules and statements and that the same are true, correct, and complete. <b>Applicant Signature</b> _____ <b>Date</b> _____										